POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Mr	620 f	10/13/w
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	H.S	596	11.3 00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
− (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim		Date							
Final	Original	6/27/02	6/11/02	4/27/03					
2		✔	✔						
3	÷	✔	O						
4	÷	O	✔						
5	÷	O	✔						
6	÷	O	✔						
7	÷	✔	=						
8	÷	✔	=						
9	÷	✔	=						
10	÷	O	=						
11	÷	O	=						
12	÷	O	=						
13	÷	N	N						
14	÷	N	N						
15	÷	N	N						
16	÷	N	N						
17	÷	N	N						
18	÷	N	N						
19	÷	N	N						
20	÷	N	N						
21	÷	N	N						
22	÷	✔	✔						
23	÷	O	✔						
24	÷	O	O						
25	÷	O	O						
26	÷	=	=						
27	÷	✔	=						
28	÷	✔	=						
29	÷	N	N						
30	÷	N	N						
31			✔						
32			✔						
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									

Claim		Date							
Final	Original								
51									
52									
53									
54									
55									
56									
57									
58									
59									
60									
61									
62									
63									
64									
65									
66									
67									
68									
69									
70									
71									
72									
73									
74									
75									
76									
77									
78									
79									
80									
81									
82									
83									
84									
85									
86									
87									
88									
89									
90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									

Claim		Date							
Final	Original								
101									
102									
103			I						
104									
105									
106									
107									
108									
109									
110									
111									
112									
113									
114									
115									
116									
117									
118									
119									
120									
121									
122									
123									
124									
125									
126									
127									
128									
129									
130									
131									
132									
133									
134									
135									
136									
137									
138									
139									
140									
141									
142									
143									
144									
145									
146									
147									
148									
149									
150									

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)